



House Committee on Veterans' Affairs

Chairman Bob Filner

RECENTLY PASSED LEGISLATION

INDEPENDENCE DAY UPDATE

- ◆ H.R. 366 – *Names the 'Ernest Childers Department of Veterans Outpatient Clinic' in Tulsa, Oklahoma.*
- ◆ H.R. 2546 – *Names the 'Charles George Department of Veterans Affairs Medical Center' in Asheville, North Carolina.*
- ◆ H.R. 2602 – *Names the 'Oscar G. Johnson Department of Veterans Affairs Medical Facility' in Iron Mountain, Michigan.*
- ◆ S. 229 – *Names the 'Raymond G. Murphy Department of Veterans Affairs Medical Center' in Albuquerque, New Mexico.*
- ◆ H.R. 612 – *The Returning Servicemember VA Healthcare Insurance Act of 2007.*
- ◆ H.R. 2199 – *The Traumatic Brain Injury Health Enhancement and Long-Term Support Act of 2007.*
- ◆ H.R. 2239 – *The Early Access to Vocational Rehabilitation and Employment Benefit Act.*
- ◆ H.R. 1585 – *The National Defense Authorization Act for Fiscal Year 2008.*
- ◆ H.R. 67 – *The Veterans Outreach Improvement Act of 2007.*
- ◆ H.R. 1470 – *The Chiropractic Care Available to All Veterans Act.*
- ◆ H.R. 1660 – *To direct the Secretary of Veterans Affairs to establish a national cemetery for veterans in the southern Colorado region.*
- ◆ H. Res. 413 – *Recognizing the Service of United States Merchant Marine Veterans.*
- ◆ H. Res. 392 – *Urging Americans and People of all Nationalities to Visit the American Cemeteries, Memorial and Markers.*

VETERAN FUNDING

- ◆ *The Military Construction and Veterans Affairs Appropriations Act of 2008* – An increase of \$6.7 billion over FY 2007 and \$3.6 billion over the Administration's request for veterans' programs
- ◆ *U.S. Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act, 2007* – \$1.8 billion for veterans' programs
- ◆ *FY 2007 Joint Funding Resolution* – A \$3.6 billion increase for VA medical care



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Legislation Passed by the House Committee on Veterans' Affairs:

The Chairman of the Veterans' Affairs Committee, Bob Filner (D-CA), brought a number of bills to the House floor that would improve veterans' benefits. In addition, the Committee worked with the Armed Services Committee in drafting their yearly authorization bill to include language on veteran benefits. The House passed the following bills:

H.R. 366, Names the 'Ernest Childers Department of Veterans Outpatient Clinic' in Tulsa, Oklahoma

This bill honors Ernest Childers, the first Native American to receive the Congressional Medal of Honor, for his heroic action in 1943 at the battle of Oliveto, Italy, when he charged German machine gun nests against machine gun fire. Childers was also awarded the Purple Heart and the Bronze Star for his actions.

H.R. 2546, Names the 'Charles George Department of Veterans Affairs Medical Center' in Asheville, North Carolina

This bill honors Charles George who distinguished himself by conspicuous gallantry and outstanding courage above and beyond the call of duty in action against the enemy on the night of 30 November 1952. While in the process of leaving the trenches, unhesitatingly threw himself upon a grenade, absorbing the full blast of the explosion and protecting his comrades. Pfc. George's indomitable courage, consummate devotion to duty, and willing self-sacrifice reflect the highest credit upon himself and uphold the finest traditions of the military service.

H.R. 2602, Names the 'Oscar G. Johnson Department of Veterans Affairs Medical Facility' in Iron Mountain, Michigan

This bill honors Oscar G. Johnson who practically single-handed protected the left flank of his company's position in the offensive to break the German's gothic line. Repeated enemy counterattacks, supported by artillery, mortar, and machinegun fire from the high ground to his front, had by the afternoon of 16 September killed or wounded all his men. Collecting weapons and ammunition from his fallen comrades, in the face of hostile fire, he held his exposed position and inflicted heavy casualties upon the enemy. By his heroic stand and utter disregard for personal safety, Sgt. Johnson was in a large measure responsible for defeating the enemy's attempts to turn the exposed left flank.



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S. 229, Redesignates a Federal building in Albuquerque, New Mexico, as the 'Raymond G. Murphy Department of Veterans Affairs Medical Center'

This bill honors Raymond G. Murphy for conspicuous gallantry and intrepidity at the risk of his life above and beyond the call of duty as a platoon commander of Company A. Wounded multiple times while conducting the entire force to the line of departure through a continuing barrage of enemy small-arms, artillery, and mortar fire, he refused medical assistance until assured that every one of his men, including all casualties, had preceded him to the main lines. His resolute and inspiring leadership, exceptional fortitude, and great personal valor reflect the highest credit upon 2d Lt. Murphy and enhance the finest traditions of the U.S. Naval Service.

H. R. 612, The Returning Servicemember VA Healthcare Insurance Act of 2007

The Returning Servicemember VA Healthcare Insurance Act of 2007, extends from two years to five years following discharge or release the eligibility period for veterans who served in combat during or after the Persian Gulf War to receive hospital care, medical services, or nursing home care provided by the Secretary of the VA, notwithstanding a lack of evidence to conclude that their condition is attributable to such service.

H. R. 2199, The Traumatic Brain Injury Health Enhancement and Long-Term Support Act of 2007

Directs the VA to improve and expand its ability to provide TBI care, services, and research. Over 40 percent of our returning servicemembers are from rural areas, and H.R. 2199 establishes an innovative program to deliver mental health care services to rural veterans and establishes an Advisory Committee to assist the VA in improving care and services for rural veterans.

H. R. 2239, The Early Access to Vocational Rehabilitation and Employment Benefit Act

This legislation would extend Vocational Rehabilitation and Employment benefits to members of the U.S. Armed Forces who are determined to have a disability incurred while on active duty of at least 10 percent or more and likely to be discharged from service due to the disability, which will allow veterans to begin their rehabilitation earlier and enter into the civilian employment market.



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H.R. 1585, The National Defense Authorization Act for Fiscal Year 2008

This bill would streamline educational assistance programs for active duty and reserve programs under the same jurisdiction, extend the eligibility period for members of the Select Reserve to receive educational assistance, and improve loan repayment assistance to servicemembers with critical skills who decided to reenlist in our Armed Forces.

This legislation would also improve the transition of servicemembers to the VA upon being retired or separated, establish the Department of Defense Medical Support Fund for the support of servicemembers returning to military service or civilian life, and increase the number of resident physicians at VA hospitals.

Furthermore, it directs the VA to conduct a report on disability evaluation systems used by the DoD and VA to improve the consistency of the two disability evaluation systems, and requires the VA Secretary to conduct a study on the average length of time between desired date for which a veteran seeks to schedule an appointment for health care and the date on which an appointment is completed.

H. R. 67, The Veterans Outreach Improvement Act of 2007

This bill establishes a grant program for the Department of Veterans Affairs to provide to states outreach activities, cooperative relationships and benefit claims developments. In addition, these grants would allow funding for education and training of state and local government employees for accreditation to provide outreach services, and establish local government veteran's service programs.

H. R. 1470, The Chiropractic Care Available to All Veterans Act

This legislation would require the VA to expand to at least 75 medical centers by December 31, 2009, and at all medical centers by no later than December 31, 2011.

H. R. 1660, To direct the Secretary of Veterans Affairs to establish a national cemetery for veterans in the Southern Colorado region

This bill would direct the Secretary of Veterans' Affairs to establish a national cemetery for veterans in southern Colorado in order to relieve the burden of veterans' families in the region who have to travel long distances to pay respect to their loved ones.

H. Res. 413, Recognizing the Service of United States Merchant Marine Veterans

This resolution, on National Maritime Day, recognizes the heroic and invaluable sacrifices of United States Merchant Marine Veterans to our Nation's prosperity and safety.



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H. Res. 392, Urging American and people of all Nationalities to Visit the American Cemeteries, Memorials and Markers

This resolution encourages people to visit overseas cemeteries, memorials and markers overseen by the American Battle Monuments Commission, which is tasked with controlling and constructing cemeteries and memorials to honor American service members killed on foreign soil.

Veteran Funding:

H.R. 2642, The Military Construction and Veterans Affairs Appropriations Act of 2008

This bill sends a clear message to America's servicemen and women that the House Democrats recognize our veterans as a cost of war. The bill provides for the largest increase in funding for veterans health care in the 77 year history of the VA. The bill provides an increase of \$6.7 billion over FY 2007 and \$3.6 billion over the Administration's request for veterans' programs. The bill was passed by the House of Representatives and is awaiting Senate action.

H.R. 2209, U.S. Troop Readiness, Veterans' Care, Katrina Recover, and Iraq Accountability Appropriations Act of 2007

The bill provides \$1.8 billion for the Department of Veterans Affairs, including funds for veterans' medical programs. The bill also includes \$2.1 billion for military health care, including resources for Post Traumatic Stress Disorder and Traumatic Brain Injury care and research.

H.J.Res. 20, Further Continuing Appropriations for Fiscal Year 2007

The bill that funds the government, including the Department of Veterans Affairs for the remainder of the fiscal year, provides \$32.3 billion for veterans' health care, an increase of \$3.6 billion over FY 2006 levels. The funding measure was made necessary by the inability of the Republican Congress to pass a veterans' funding bill last year. VA has been forced to operate at prior year funding levels since the new fiscal year started on October 1, 2006.

Veterans Benefits:

The National Defense Authorization Act for Fiscal Year 2008 would transfer the Reserve education benefit program to the Department of Veterans Affairs so that both the active duty and reserve programs will fall within the same jurisdiction. This change in jurisdiction allows for increased oversight of education benefits administered to Guard, Reserve and Active Duty components to ensure that our nation's servicemembers are awarded benefits commensurate with their service.



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This same bill improves the transition of servicemembers of our Armed Forces to the VA upon their retirement or separation. Providing a seamless transition between active duty and veterans' status will assist in providing our men and women in uniform are afforded the proper care and benefits they have rightfully earned.

Veteran Outreach:

Chairman Bob Filner implemented a series of symposiums to raise the level of awareness on issues important to our nation's veterans and their dependents.

On May 16, 2007 a symposium was held which sought to cover the issue of Post Traumatic Stress Disorder (PTSD) in light of the need to improve mental health service delivery to veterans. This symposium brought together experts with wide range of expertise to help identify the specific issues facing our veterans. This was an excellent venue to bring about productive problem solving strategies for the veteran community. It is the hope of the Chairman that this symposium would lead to bold and bi-partisan legislation that will effectively tackle the mental health wounds from this war.

Participants in the PTSD Health Care Symposium included: Dr. Robert L. Bray of the Thought Field Therapy Center of San Diego, Linda Rosenberg of the National Council for Community Behavioral Healthcare, Dr. James Henry Scully, Jr. of the American Psychiatric Association, Dr. Saul Rosenberg of the University of California, San Francisco, Dr. Beth Hudnall Stamm of the Institute of Rural Health at Idaho State University, John Melia of the Wounded Warriors Project and Dr. Sally Satel of the American Enterprise Institute.

The Committee also held a VA claims roundtable to discuss various ideas to reduce the claims backlog and improve the current process. It now takes an average of 177 days for a disabled service member to get a VA claim processed – nearly double the 89.5 day wait civilians face in a private health insurance system.

The roundtable provided interested stakeholders an opportunity to present new and unique ways of addressing the growing claims backlog by bringing together top Administration officials, professors, legal experts and veteran service representatives.

While keeping the backlog problems in mind, the House passed the Veterans Outreach Improvement Act of 2007. This bill improves outreach for the development and submittal of claims to the Department of Veterans Affairs. In addition, it increases coordination of outreach activities within the VA and provide \$25 million annually in 2008, 2009, and 2010 for grants to state and local government for veteran outreach program.